

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-031046

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 356

Primary Registration District No. 6206

Registrar's No. 90

STATE FILE NUMBER

FILED AUG 12 1963

VS 300
Rev. 4/59

1 1070

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Texas		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Texas	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Raymondsville		c. CITY OR TOWN Raymondsville	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First Middle Last Dora Mae Tune		4. DATE OF DEATH Month Day Year July 16 1963	
5. SEX F	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/22/98
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Jacob Nowlin		13b. MOTHER'S MAIDEN NAME Margaret Saltsman	
14. NAME OF HUSBAND OR WIFE Darlene Houston		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO.		17. INFORMANT Address Raymondsville, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for primary, secondary, and tertiary causes) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis DUE TO (b) Arteriosclerosis (General) DUE TO (c) General Debility		INTERVAL BETWEEN ONSET AND DEATH 4 hrs. 10 yrs. 6 months	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Mentally Deficient		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 1955 to 1963 and last saw her alive on Death occurred at m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Dr. Laverne Hampton D. Summersville		22b. ADDRESS Arroll, Missouri	
22c. NAME OF CEMETERY OR CREMATORY Arroll Church		22d. LOCATION (City, town, or county) Arroll, Missouri	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7/19/63	
23c. NAME OF FUNERAL DIRECTOR Duncan Funeral Home Mtn. View, Mo.		23d. DATE RECD. BY LOCAL REG. 8-8, 63	
24. REGISTRAR'S SIGNATURE Myrtie Craig		25. DATE SIGNED 8/2/63	

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

To Doctor: 7/17/63 3: P.M.

Rec'd from Dr. 8/7/63 8:30 A.M.

To Local Registrar 9:A.M. 8/7/63

AUG 13 1963
E961 ET GNA

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____ Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Charles D. Cartain

Licensed Embalmer No.

5187

P. O. Address

Mr. View mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.